

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ADD		10-02-01
O.I.P.E. CLASSIFIER		10	10-10-01
FORMALITY REVIEW	Moul	1145	10-25-01
RESPONSE FORMALITY REVIEW	A. M	JC 580	04-01-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	10/31/01
2	11/1/01
3	11/1/01
4	11/1/01
5	11/1/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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720
 10-25-01
 850
 04-01-02